



**It's time to enroll
in your benefits.**

May 30 - June 9, 2017

2017-2018 Open Enrollment Benefit Guide

Internal Employees

Page 1	Table of Contents
Page 2	Welcome What's New Health Care Reform Eligibility How to Enroll
Pages 3 - 5	Medical Plans Health Savings Account
Pages 6 - 7	IBC Value-Added Benefits
Page 8	Telemedicine Hospital Indemnity
Page 9	Accident Critical Illness
Page 10	Aflac Value-Added Benefits
Page 11	Dental
Page 12	Vision
Page 13	Life Disability
Page 14	The Cost of Your Benefits
Page 15	Contact Information

Welcome

At The Judge Group, we strive to offer a benefits package that gives our employees peace of mind in knowing that the most important things in life are protected – your family, your finances, and your future. We recognize the importance of being able to provide our employees and their families with quality benefits as part of their overall compensation package. This benefit guide highlights the many benefit options available to you. This year's enrollment period will begin on May 30 and end on June 9, 2017.

This year will be an active enrollment, meaning that you must waive or enroll in coverage. Benefit counselors will be available over the phone to help you complete the enrollment process.

What's New for 2017

To ensure that you have access to the best available benefits, we will be making the following changes for 2017.

- **New Telemedicine Program.** We are happy to introduce a new voluntary telemedicine program through HealthiestYou. See page eight for more information on this program.
- **New Universal Life Insurance Program.** We are excited to introduce a new permanent life insurance option through Aflac that includes living benefits for qualified long term care expenses.

Important Note About Health Care Reform and the Individual Mandate

The Affordable Care Act (ACA), often called Obamacare, requires most individuals to have health insurance. If you do not have health insurance, you may be required to pay a penalty. If you do not have coverage in 2017, you will pay the higher of 2.5% of your yearly household income or \$695 per person (\$347.50 per child under 18). All medical plans offered by The Judge Group will satisfy the individual mandate.

Eligibility

You are eligible to participate if you are a full time employee, paid based on hours worked and work over 30 hours per week. Your dependents are eligible for coverage in most plans you elect; the benefit counselor will discuss the benefits available to your dependents during your meeting. Your eligible dependents include your legal spouse, children, and children for whom you are a legal guardian up to the age of 26, unless otherwise stated.

How to Enroll in Your Benefits

Professional benefit counselors will be available over the phone to conduct confidential one-on-one meetings with each benefit-eligible employee. During these educational sessions, the benefit counselor will review your benefit options, help you understand the choices available to you, provide assistance so you can select the benefits that best meet your needs, and help you complete the enrollment process.

Schedule Your Appointment with a Benefit Counselor

You can pre-schedule your appointment with the benefit counselor online or over the phone. Log on to **www.judgegroup.schedapple.com** or call 866-738-0386, Monday through Friday, 8 a.m. – 8 p.m. Eastern.

Log on to ElectMyBenefits.com

If you are unable to speak with a counselor over the phone, you may complete your enrollment via ElectMyBenefits. To register and complete the enrollment process, log on to **electmybenefits.com**. Click **here** or visit **bit.ly/judgegroupEMBinstructions** to access registration instructions. Please note, you will need a valid email account and have access to that email account to complete the registration process.

Medical Plans

The Judge Group offers four medical plans from which you may choose. With all plans, you have the flexibility to see the provider of your choice; however, you will pay significantly less money if you choose an in-network provider or facility. A free health insurance plan comparison calculator is available online to help you compare plans and costs. To access the calculator, log on to <http://health-plan-compare.com/>.

Preferred Provider Organization (PPO)

For most doctor visits and specialist visits, you simply pay a copayment at the time of service. Preventive care services are generally covered at 100%, with no cost share to you. You have a great deal of flexibility and choice with a PPO and can manage your out-of-pocket costs by remaining in-network.

High Deductible Plan (HDHP) with Health Savings Account (HSA)

Preventive care services are covered 100% as long as your physician bills your visit as preventive. For other services, including routine office visits, procedures, lab work, prescription drugs, etc., no benefits will be paid until you have met your annual deductible. The annual deductible is defined by the plan year July 1, 2017 - June 30, 2018.

Understanding the Difference Between Embedded and Non-Embedded Deductibles When Electing Plans other than Single Coverage

Should you elect a plan with an embedded deductible, each family member's claims contribute to meet the full family deductible amount. If a single family member meets the plan's individual deductible amount, then that family member's claims are covered according to that plan's coinsurance; the other family members' claims will continue to be applied to the family deductible amount. On a plan with a non-embedded deductible, all family members' claims together must reach the family deductible amount before the plan's coinsurance will start. For example, we will use employee Mike, his wife Mary, and their daughter Maggie. Mike has a lot of claims this year and Mary and Maggie have had very few.

The **Gold** plan has an embedded deductible that applies to claims for services that are out-of-network. There are also embedded out-of-pocket maximums for in-network and out-of-network services. If Mike reaches the individual out-of-pocket maximum of \$5,000, the plan will cover the rest of his medical bills at 100%. Mary and Maggie will continue to pay their copays until one of them reaches another individual \$5,000 out-of-pocket, or their claims combined make up the remaining \$5,000. If the \$10,000 total is met, the plan will pay 100% of their bills for the remainder of the plan year.

The **Silver** plan is non-embedded. The family unit needs to satisfy the full \$4,000 deductible before the coinsurance will start. If the full \$6,000 out-of-pocket maximum is reached, then the family's claims would be covered at 100%. Mike alone can meet the \$4,000 deductible, or a combination of each family member's claims can satisfy the full \$4,000.

The **Bronze** plan is unique in that the deductible is non-embedded and the out-of-pocket max is embedded. There is a \$6,000 non-embedded family deductible, which means that all family members' claims contribute to the deductible amount. Once the \$6,000 is reached, the coinsurance will kick in. The exception to this is if one family member meets the individual embedded out-of-pocket maximum of \$5,600. At that point, that one individual's claims will be covered at 100%. Due to Mike's high claims, once he reaches the \$5,600, the plan pays 100% of his ongoing claims. Mary and Maggie will continue to work toward the additional \$400 deductible and the additional \$5,600 out-of-pocket.

The **Compliant** plan is embedded. Mike satisfies the \$5,500 individual deductible and the co-insurance kicks in for all of his further claims. When he meets the individual \$6,350 out-of-pocket maximum, the plan pays 100% of his ongoing claims after that. Mary and Maggie work towards the additional family deductible and out-of-pocket maximum.



Health Savings Account (HSA)

A Health Savings Account (HSA) is a bank account paired with your HDHP that allows employees who participate in the Silver Medical Plan to contribute funds to a personal HSA on a pre-tax basis. These funds can be used to pay your deductible and other out-of-pocket medical expenses in the current year or in the future. Qualified medical expenses that can be paid using this account include doctor visits, prescription drugs, and even dental and vision expenses. You own the money in your HSA account and it is yours to keep, even when you change plans or retire. The funds can roll over from year to year and you do not pay tax on withdrawals used for qualified medical expenses.

If you elect to participate in the Silver Medical Plan, The Judge Group will contribute up to \$1,000 to your HSA throughout the plan year (7/1/2017 - 6/30/2018). Contributions to the HSA will be made on a per pay period basis to your account. Please know, Judge will open this account for you.

Total contributions to the plan cannot exceed the IRS maximum for 2017 of \$3,400 for an employee and \$6,750 for a family; employees age 55 or over may contribute an additional \$1,000. To be eligible for this account you must not have coverage under another medical plan.

HSA Plan Highlights

- The HSA is your individually-owned tax-advantaged account
- You cannot be covered under other health insurance
- You cannot be claimed as a dependent on someone else's tax return
- You may withdraw from your HSA (tax-free) to pay for qualified medical expenses.

Important Note: The HSA is only available to those who participate in the Silver Medical Plan.

Medical Plan Features				
Plan Options	Gold Plan PPO	Silver Plan HDHP with HSA	Bronze Plan HDHP	Compliant Plan HDHP
Network	PPO	PPO	PPO	PPO
Calendar Year Deductible <i>In-network / Out-of-network</i>				
Deductible Type	Embedded	Non-embedded	Non-embedded	Embedded
Individual	\$0 / \$1,500	\$2,000 / \$5,000	\$3,000 / \$5,000	\$5,500 / \$10,000
Family	\$0 / \$4,500	\$4,000 / \$10,000	\$6,000 / \$10,000	\$11,000 / \$20,000
Out-of-Pocket Calendar Year Maximum <i>In-network / Out-of-network</i>				
Out-of-Pocket Type	Embedded	Non-embedded	Embedded	Embedded
Individual	\$5,000 / \$10,000	\$3,000 / \$10,000	\$5,600 / \$10,000	\$6,350 / \$20,000
Family	\$10,000 / \$30,000	\$6,000 / \$20,000	\$11,200 / \$20,000	\$12,700 \$40,000
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Covered Services <i>In-network / Out-of-network</i>				
Physician Office Visit	\$30 copay / 50%*	No charge* / 50%*	20%* / 50%*	40%* / 50%*
Specialist	\$50 copay / 50%*	No charge* / 50%*	20%* / 50%*	40%* / 50%*
Preventive	No charge / 50%, no deductible	No charge / 50%, no deductible	No charge / 50%, no deductible	No charge / 50%, no deductible
X-rays / Diagnostic	\$50 copay / 50%*	No charge* / 50%*	20%* / 50%*	40%* / 50%*
Emergency Care	\$125 copay / \$125 copay	No charge* / No charge, after in-network deductible	20%* / 20%, after in-network deductible	40%* / 40%, after in-network deductible
Inpatient Hospital	\$400 per day, up to 5 days / 50%*	No charge* / 50%*	20%* / 50%*	40%* / 50%*
Retail Prescription Benefits <i>In-network / Out-of-network</i>				
Rx Deductible	\$250	N/A	N/A	N/A
Generic	\$20 copay / 70%*	\$5 copay* / 50%*	\$5 copay* / 50%*	\$20 copay* / 50%*
Formulary	\$50 copay / 70%*	\$20 copay* / 50%*	\$20 copay* / 50%*	\$40 copay* / 50%*
Non-formulary	\$75 copay / 70%*	\$45 copay* / 50%*	\$45 copay* / 50%*	\$60 copay* / 50%*

Important Note: The figures in the chart illustrate the amount you pay. Furthermore, * denotes that this amount is what you pay after you have met your deductible.

Independence Blue Cross Value-Added Benefits

Healthy Lifestyles Solutions Weight Management Programs



Get up to \$150 back when you participate in an approved weight management program.

No one said weight loss is easy, but support from others can make the challenge feel more manageable. Enroll in Weight Watchers®, Weight Watchers® Online, or an approved weight management program at any network hospital and you can get encouragement to manage your weight for the long haul. The Healthy Lifestyles Solutions Weight Management Program will reimburse you up to \$150 for the cost of an approved weight management program.

For more information, please contact Health Lifestyles solutions at 1-800-590-8880.

Healthy Lifestyles Solutions and Tobacco Cessation Program



Get up to \$150 back when you complete an approved program to help you quit using tobacco.

You probably know many of the reasons why you should quit smoking—it can help you breathe easier, live longer, and protect the health of those around you. Quitting isn't easy, and many people try more than once before they succeed, but it's worth it.

For more information, please contact Health Lifestyles solutions at 1-800-590-8880.

To help you quit for good, our Healthy Lifestyles Solutions Tobacco Cessation Program will reimburse you up to \$150 for completing an approved tobacco cessation program. If you're 18 or older and your program costs less than \$150, you can apply the difference towards reimbursement of nicotine replacement products or medications prescribed to you to help you quit.

With Independence Blue Cross' Fitness Program you can get up to \$150 back.



You don't have to enroll in the Healthy Lifestyles Solutions Fitness Program to become eligible for reimbursement. When you meet the eligibility requirements, just submit your documentation to ibx.com/reimbursements to request reimbursement.

Questions? Call Healthy Lifestyles Solutions at 1-800-590-8880.

Independence Blue Cross members - Enroll in the Baby BluePrints® Maternity Program for Free

Your good health matters to us, and we want to help you have the healthiest pregnancy and delivery possible. Independence Blue Cross members can enroll for free in the Baby BluePrints® Maternity Program for access to information that guides you through each stage of your pregnancy and support from an experienced Health Coach.

Call toll-free to enroll
1-800-598-BABY
(1-800-598-2229)



Give your baby a healthy start

Take control of your health now!

Independence Blue Cross (IBC) offers many tools and resources to help members stay healthy. Here are some easy ways you can stay on track with your health.

- Fitness
- Tobacco cessation
- Weight management
- Care management
- Blue365®

Stay motivated to reach your goals

The ordinary decisions we make every day are what help us stay on the road to good health. Healthy Lifestyles reimbursements reward you for taking the small steps that can add up to big changes in your health.

Independence Blue Cross Value-Added Benefits

Your Member Website - ibxpress.com

Find a doctor or hospital, view claims and benefits, and help manage your health with personalized WebMD® tools.

With ibxpress.com, you have quick and secure access to information you need to make smarter health care decisions - anytime and anywhere.

Easily navigate to the tools that help you manage your benefits and take control of your health, so you're getting the most from your health plan.

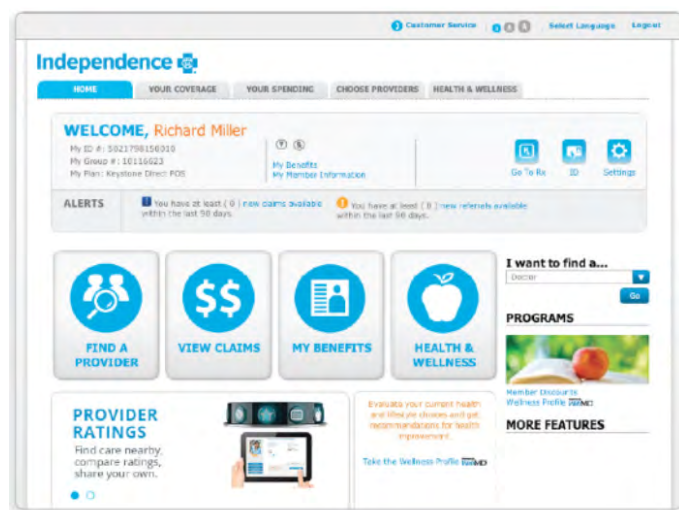


Log on or register at ibxpress.com

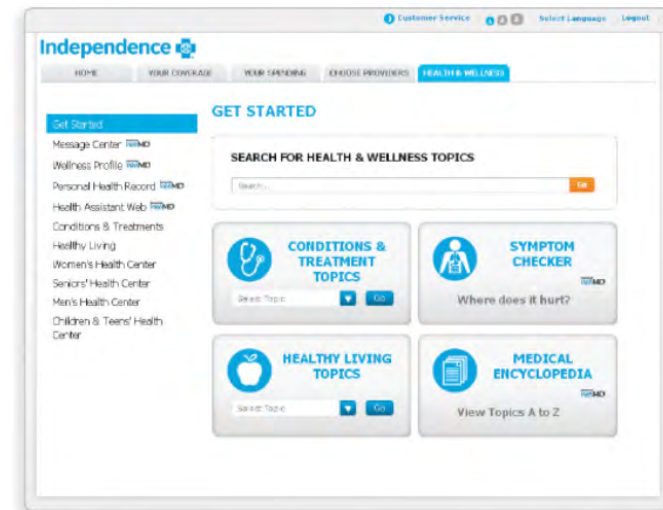
Current users - Log on with your current username and password

New users - Click *Register Now* and use the information on your member ID card to complete the registration

Get the information you need quickly.



Stay motivated to reach your health goals.



Find a Provider

Search for doctors, hospitals, specialists, and other health care professionals, view physician quality metrics, and compare provider profiles. Users will also have the ability to save searches and add favorites, create directories, and read and write patient reviews of doctors and facilities.

View Claims

See claims in real time and quickly search up to two years of claims history. View or download an Explanation of Benefits (EOB) to figure out what you owe and how much your health plan paid for covered services.

My Benefits

Review your coverage details, update your personal information, choose or change your primary care physician, and get money-saving tips to help you maximize your benefits.

Health & Wellness

Get reliable information and support to reach your health goals with personalized WebMD® tools, including the Personal Health Record, Wellness Profile, My Health Assistant, Symptom Checker, Medical Encyclopedia, and more.



Download the Free IBX App

Manage your health when you're on the go. Download the IBX app to your smartphone and log in using your ibxpress.com username and password.

Save time with quick links:

ID Card - Print a temporary copy of your member ID card or request a new one for you and anyone covered under your health plan.

Settings - Choose to receive your EOBs and other communications by email.



Telemedicine - New!

Telemedicine from HealthiestYou gives you 24/7/365 access to care when you need it most. The Teladoc network of state licensed and U.S. board-certified physicians and mental health providers are standing by to diagnose, treat, and prescribe medication, if necessary, for common conditions such as cold and flu, bronchitis, allergies, pink eye, rash and skin problems, and more. This benefit is available as a standalone benefit, meaning that you can enroll even if you do not participate in the medical plan and is different than the telemedicine benefit available through Aflac. Speak with an EOI benefit counselor for more information or to enroll.

- **Connect with a doctor: \$0 consult fee.** Unlike visiting an urgent care center or emergency room, there is no charge to speak with a physician.
- **Save time and money.** The app uses geo-fencing to know when you step into an urgent care, doctor’s office, or pharmacy, and will remind you that you could be saving time and money by using HealthiestYou.
- **Find a provider.** Download the app to use the radar tool, which continuously scans for doctors, pharmacies, hospitals, urgent care centers, and even vets in your direct area, helping you quickly and easily select the best providers for your plan and needs.

Hospital Indemnity Insurance

Enhance your medical plan with additional hospital benefits through Aflac. These benefits are designed to provide financial protection by paying you a benefit for hospital admission and daily benefits for inpatient stays and days in the ICU. You can use this benefit to pay for out-of-pocket expenses and extra bills that can occur relating to your hospitalization. During this enrollment period only, you can enroll without answering medical questions.

Hospital Benefits <i>available as an enhancement to your medical plan</i>	
Event	Benefit
Hospital Admission	\$1,000 once per covered sickness/accident per year
Hospital Confinement	\$100 per day, up to 31 days per confinement
Hospital Intensive Care	\$100 per day, up to 10 days per confinement
Intermediate I.C. Step-Down Unit	\$50 per day, up to 10 days per confinement

Accident Insurance

Since accidents can happen at any time, 24 hours a day, 7 days a week, it's important to be prepared. This policy from Aflac can help cover the out-of-pocket costs associated with an accident by paying you a benefit depending on the injuries you suffer and the treatment you receive.

The policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides. Plus, the plan includes an annual \$50 wellness benefit once each 12-month period for each covered person when a qualifying wellness test or procedure is completed. Eligible wellness tests include annual physical exams, eye examinations, immunizations, mammograms, blood screenings, and more.

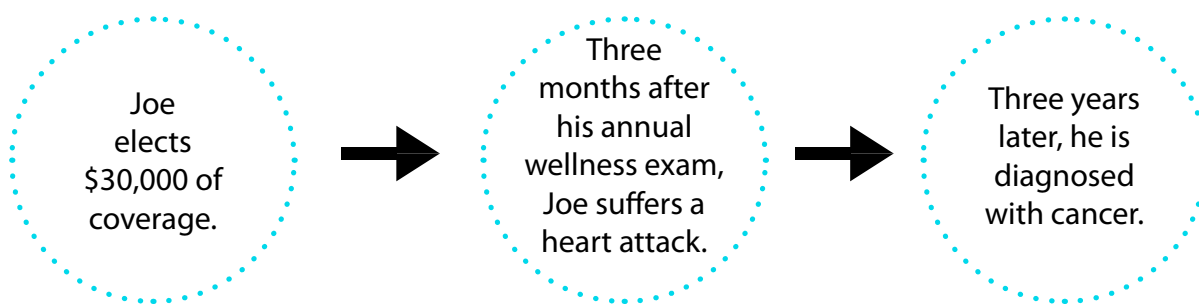
Benefit	Amount*
Ambulance	\$200
Emergency Room Treatment	\$200
Fractured Wrist	\$2,000
Crutches	\$100
Two Physical Therapy Sessions	\$60
Major Diagnostic (MRI, CT, CAT)	\$200
Wellness	\$50

Critical Illness Insurance

We are happy to offer critical illness insurance from Aflac. This policy provides you with a lump sum cash benefit in the event you or a loved one is diagnosed with a covered condition such as cancer, heart attack, or stroke. It can help provide financial protection so you can focus on what's really important – getting better.

You can pick the level of coverage that provides the right protection for your family. During this enrollment period only, you will have the opportunity to elect up to \$30,000 of coverage for yourself and up to \$15,000 for your spouse without answering any medical questions. If you elect coverage for yourself, your dependent children (under the age of 26) will be covered at 50% of your benefit amount at no additional charge. The policy also includes an annual \$50 wellness benefit when a covered health screening test is completed.

Below is an example of how benefits might be paid.*



Joe's Critical Illness policy provided the following benefits:

Wellness Benefit:	\$ 50
Heart Attack Benefit:	\$30,000
Cancer Benefit:	\$30,000
Total Benefits:	\$60,050

Good news! If you participate in the hospital indemnity, accident, or critical illness program, you will also have access to free value-added services. See page 10 for more information.

*This example is for illustrative purposes only; your actual benefits may differ.



Aflac Value-Added Benefits

If you participate in Aflac's hospital indemnity, accident, or critical illness programs, you will have access to value-added services at no additional cost.

Health Advocacy from Health Advocate

More than just peace of mind. You have 24/7 access to Personal Health Advocates who start helping from the first call.

- Find doctors, dentists, specialists, hospitals, and other providers
- Schedule appointments, treatments, and tests
- Resolve benefits issues and coordinate benefits
- Assist with eldercare issues, Medicare, and more
- Help transfer medical records, lab results, and X-rays
- Work with insurance companies to obtain approvals and clarify coverage



Medical Bill Saver from Health Advocate

More than just cash benefits.

Aflac already pays claims quickly. Now, with Medical Bill Saver, Health Advocate professionals also help you negotiate medical bills not covered by health insurance:

- Just send in your medical and dental bills of \$400 or more
- They contact the provider to negotiate a discount
- Negotiations can lead to a reduction in out-of-pocket costs
- Once an agreement is made, the provider approves payment terms and conditions
- You get an easy-to-read personal Savings Result Statement, summarizing the outcome and payment terms



Telemedicine from MeMD

More than just care. You can quickly connect with board-certified, U.S. licensed health providers online for 24/7/365 access to medical care, fast.

- Create your account at www.MeMD.me/Aflac
- When you have a health issue, log on and request a provider consultation
- You can request consultations via webcam, app, or phone
- Get ePrescriptions, referrals, and more
- Use it for a range of health issues, from allergies and colds to medication refills
- \$25 per visit



Dental

Because maintaining your smile is important, The Judge Group offers dental coverage through MetLife. Your coverage is effective July 1, 2017 through June 30, 2018. The plan utilizes a Preferred Provider Organization (PPO) network, meaning that you have the flexibility to use any dentist of your choice; however, you can manage your out-of-pocket costs by remaining in-network. A negotiated fee extends to all in-network services, even to non-covered services like cosmetics and adult orthodontia and to services provided after the annual benefit maximum has been exceeded. Out-of-network fees are based on the 90th percentile of Reasonable and Customary charges.



Dental Plan Features	
Network	MetLife PPO
Deductible	
Individual <i>Family</i> = 3x	\$50 / \$50
Copays	
Office Visit	None
Maximums	
Annual Plan Maximum	\$1,000
Orthodontia Lifetime Maximum	\$1,000
Coinsurance	
Preventive	100%
Basic	80%
Major	50%
Orthodontia	50%

Log on to www.metlife.com/mybenefits to locate a provider in your area and download your ID card.

Accessing Your Online ID Card

Online dental ID cards support our ongoing efforts to go green. There is no need for a dental ID card to confirm eligibility when you go to the dentist, the dentist can easily contact MetLife to verify coverage. If you prefer to have a card, you can obtain one online at **www.metlife.com/mybenefits**. First time users will need to set up a new user name and password during registration. Once in MyBenefits, follow these three simple steps to view your dental ID card:

Step 1: At the MyBenefits Welcome Page, click on the Dental Benefits (PDP) section. Then, from your "Dental Benefits" page, click "Tools & Resources."

Step 2: On the "Tools & Resources" page, click "Get Dental ID Card."

Step 3: Scroll down the page and you will find your personalized Dental Identification Card with all your vital coverage information. This page also provides you with some frequently asked questions and answers about your Dental ID card and participating MetLife PDP dentists.



Vision

We are proud to offer vision benefits through MetLife. Your coverage is effective July 1, 2017 through June 30, 2018. The plan provides reimbursement for vision-related services such as eye exams, glasses, contact lenses, etc. Although you have the option to see any provider you wish, you will receive the best benefits at lower out-of-pocket costs when you choose an in-network doctor.

Vision Plan Features			
Covered Services	Frequency	In-Network	Out-of-Network
Eye Exam	Every 12 months	\$10 copay	\$45 max allowance
Materials	Every 12 months	\$25 copay	Allowance varies
Frames	Every 24 months	\$130 allowance	\$70 max allowance
Elective Contacts	Every 12 months*	\$130 allowance	\$105 max allowance

**Contact lens benefit is available every 12 months; however, you may not utilize the contact lens benefit in addition to lenses for frames within the same 12 months.*

To locate a provider in your area, log on to www.metlife.com.

The screenshot shows the MetLife website with a navigation bar at the top containing 'MENU', 'HOME', 'SEARCH', the MetLife logo, 'LOG IN', and 'CONTACT'. The main heading is 'Navigating life together'. Below this, there are two search forms. The first form, titled 'I am interested in:', has a dropdown menu labeled 'Please Select Insurance Type' and a 'GO' button. The second form, titled 'I want to find a MetLife:', has a dropdown menu with 'Dentist' and 'Vision Provider' options, a search input field, a dropdown menu labeled 'MetLife Vision PPO', and a 'SUBMIT' button. A link 'Don't know your plan?' is also visible.

Life Insurance

NEW! Universal Life Insurance with Living Benefits offers flexible, comprehensive benefits and allows you to adjust your death benefit, cash value, and premiums as your financial needs change. Because you pick the level of coverage, you can be sure that your family has the level of protection that best fits your needs. You also own the coverage, so you can take it with you if you leave employment or retire.

The policy also includes living benefits that provide support and financial resources to cover the cost of long term care you might need in the event of illness, accident, or aging. During this enrollment period only, you will have a one-time only opportunity to elect coverage for yourself, your spouse, and children without answering medical questions, up to a certain amount.

Important Note: This plan is not available through ElectMyBenefits. To enroll, please speak with a benefit counselor by calling 866-738-0386, Monday through Friday between the hours of 8 a.m. and 8 p.m. Eastern. You can also pre-schedule an appointment online at www.judgegroup.mybenefitsappointment.com.

Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance in the amount of \$20,000 is available at no cost to you and is paid for by The Judge Group. Your designated beneficiary will receive a benefit to help ease their financial burden if you die from a covered accident or illness. AD&D provides an additional benefit if you die or become dismembered due to a specifically covered accident.

Supplemental Term Life Insurance is available in addition to your employer-provided basic life. You may also purchase life insurance for your dependents if you purchase additional coverage for yourself. All amounts that are added during open enrollment require a statement of health form and approval, except for new hires.

<i>Employee</i>	Maximum policy amount is \$500,000, not to exceed five times salary, in \$5,000 increments. Minimum of \$10,000.
<i>Spouse</i>	Maximum policy amount is \$250,000, not to exceed 50% of employee amount, in \$5,000 increments, supplemental life insurance.
<i>Children</i>	Ages six months to 26 years: \$10,000

Disability Insurance

Short Term Disability (STD) Insurance from Aflac can protect a portion of your income for up to 12 months if you become disabled due to an injury or illness and are unable to work. The policy pays a benefit of up to 60% of your pre-disability earnings, not to exceed \$3,000 per month. Benefits begin after you have been disabled for 14 calendar days. During this enrollment opportunity, you can enroll without answering medical questions.

Long-Term Disability (LTD) Insurance from Cigna is available for internal employees. The plan provides income replacement for up to 60% of your monthly pre-disability earnings, not to exceed \$5,000 per month. Pre-existing condition limitations may apply. Benefits begin after waiting periods have been met. If you wish to apply for coverage during open enrollment, you will need to complete an Evidence of Insurability form and submit directly to Cigna for medical review.

The Cost of Your Benefits

The benefits that The Judge Group offers are a valuable part of your overall compensation package. The tables below show the bi-weekly employee cost for medical, dental, and vision insurance. During your individual meeting with a benefit counselor, you will receive rates for our other benefit programs.

Employee Contributions per Paycheck: Medical			
Annual Salary	Under \$40,000	\$40,000 - \$80,000	Over \$80,000
Gold Plan			
Employee only	\$273.64	\$287.39	\$306.51
Employee & spouse	\$656.83	\$683.14	\$719.69
Employee & child(ren)	\$499.44	\$521.70	\$552.63
Family	\$827.00	\$862.62	\$912.10
Silver Plan			
Employee only	\$45.30	\$82.02	\$106.74
Employee & spouse	\$200.24	\$271.67	\$317.06
Employee & child(ren)	\$120.65	\$182.17	\$201.19
Family	\$199.06	\$316.94	\$378.90
Bronze Plan			
Employee only	\$27.23	\$55.86	\$78.85
Employee & spouse	\$154.88	\$206.97	\$246.52
Employee & child(ren)	\$118.82	\$159.40	\$190.21
Family	\$196.39	\$262.99	\$313.56
Compliant Plan			
Employee only	\$20.67	\$20.67	\$28.47
Employee & spouse	\$120.46	\$122.78	\$136.00
Employee & child(ren)	\$93.24	\$94.14	\$104.44
Family	\$154.12	\$155.60	\$172.51

Employee Contributions per Paycheck: Dental and Vision		
	Dental	Vision
Employee only	\$15.28	\$1.15
Employee & spouse	\$35.26	\$3.94
Employee & child(ren)	\$32.05	\$3.08
Family	\$52.03	\$6.13

See a benefit counselor for your customized quote for our other benefit programs.



Benefit Contact Information			
Plan	Plan Provider	Phone Number	Website
Medical	Independence Blue Cross	800-275-2583	www.ibx.com
Telemedicine	HealthiestYou	866-703-1259	www.member.healthiestyou.com
Dental	MetLife	800-275-4638	www.metlife.com
Vision	MetLife	800-275-4638	www.metlife.com
Hospital Indemnity	Aflac	800-433-3036	www.aflac.com
Accident	Aflac	800-433-3036	www.aflac.com
Critical Illness	Aflac	800-433-3036	www.aflac.com
Universal Life	Aflac	800-433-3036	www.aflac.com
Term Life	MetLife	800-275-4638	www.metlife.com
Short Term Disability	Aflac	800-433-3036	www.aflac.com
Long Term Disability	Cigna	866-607-2360*	www.cigna.com

**For current claim status inquiries only.*



This brochure provides a highlight of the plans offered by your employer and in no way serves as the Summary Plan Description or plan document for the plans. If any discrepancies exist between this brochure and the plan documents or The Judge Group Policy, the plan documents or policies shall govern. All Summary Plan Descriptions are available through Human Resources. We reserve the right to modify any of these plans at anytime.